

Presentation: An adult female presents to the clinic with dysuria | **Diagnosis**: Dipstick UA (75-96% sensitive), clinically (see below)

Acute simple cystitis*	Acute Complicated UTI	Special populations with unique management considerations
 Acute UTI that is presumed to be confined to the bladder There are no signs or symptoms that suggest an upper tract or systic infection (refer to right) 	 Acute UTI accompanied by signs or symptoms that suggest extension of infection beyond the bladder: Fever (>99.9°F/37.7°C) Chills, rigors, significant fatigue or malaise beyond baseline, or other features of systemic illness Flank pain Costovertebral angle tenderness Pelvic or perineal pain in men 	 Pregnant women Renal transplant recipients
Adult woman with suspected UTI NO Patient has back pain, fever, or complicated UTI.* Patient has back pain, fever, or complicated UTI.* Patient has or irritation	he culture a 10- 14- regimen llow-up; alization if istable. No No No No No No No No No No No No No	 Sources Simati et al. Dipstick Urinalysis for the Diagnosis of Acute UTI. American Family Physician 2013. Ebell, M. Treating Adult Women with suspected UTI. American Family Physician 2006. Our Approach to Categorizing UTI in Adults and Adolescents. UptoDate 2020. MedScape Drug Reference 2020. The NC AHEC Program would like to acknowledge the valuable contributions of Henry Stiepel and Caleb Smith.

EMPIRIC ANTIBIOTIC CHOICES

Antibiotics	Dose/Duration for uncomplicated cystitis	Dose/Duration for pyelonephritis
TMP/SMX (Bactrim)	160 mg TMP-800mg SMX PO BID/3-5 day course	160 mg TMP-800mg SMX PO BID /14 day course
Ciprofloxacin (Cipro)	250 mg PO BID/3 day course	500 mg PO BID/7-14 day course
Nitrofurantoin (Macrobid)	100 mg PO BID/7 day course or 3 days after obtaining sterile urine	Not effective for pyelonephritis